

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

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As of _____ until _____:

- ☐ The county has changed the payment amount for child care from \$_____ per _____ to \$_____ per _____.
- ☐ The county has changed your payment method for
☐ Cal-Learn ☐ CalWorks child care from _____ to _____.
- ☐ Your child care provider has changed. Your ☐ Cal-Learn ☐ CalWorks child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

- ☐ Your child care rate changed
- ☐ Your child care provider changed.
- ☐ Your child's age has changed.
- ☐ Your child care hours changed.
- ☐ The State of California changed payment limits.
- ☐ You asked for this change.
- ☐ Other:

Your new child care payment amount is figured on this notice.

- The county will only pay child care for the hours and days you are attending your approved activity/program.
- YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Rules: These rules apply. You may review them at your welfare office: WIC 11322.9, 11323.6, 11323.4, 11323.8.

Welfare and Education Code Sections 8350-8353, 8357

Child(ren): _____

\$_____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

\$_____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

\$_____ rate

X _____ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child care for children not listed here stays the same.

The rate is what your child care provider charges or the State of California child care limit, whichever is less.